

FILED DEC 11 1943

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 2690

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6411 Grove Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby
 (c) City or town Hunnewell
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Carrie Hawkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife William Hawkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 7 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 26 hr. min.

9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Blackburn
 13. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Arta Mesa Dudgeon
 15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Don Huston

(b) Address 6411 Grove Ave.

17. (a) Burial (b) Date thereof 12-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunnewell, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC - 6 1943 (b) E. G. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
 year 1943 hour 10:00 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 14 1943 to Dec. 3 1943
 that I last saw her alive on Dec. 2 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage Duration 5 days

Due to Sclerosis of Cerebral Vessels years

Due to _____

Other conditions Cardio-Vascular-Renal Disease years
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 131a

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (c) Means of injury 0

23. Signature B. J. Glasberg (M. D. or other) _____
 Address 3726 Washington Ave. Date signed 12/4/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert G. Hoffer

Licensed Embalmer No. *2991*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.